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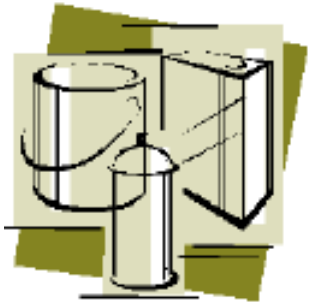

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HAZARDOUS MATERIAL (HM) AUTHORIZED USE LIST & HM INVENTORY

Code:		Title:		POC :		Last Validation Date:		
MSDS #	Product/Item Name	Stock / Part Number	Manufacture Name	Location Building / Facility Number	Process	Hazard Class	Stock Level	
							High	Low

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https://www.dlis.dla.mil/hmirs

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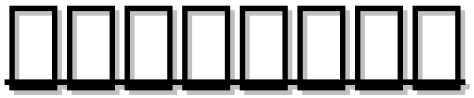

Date: _____

MEMORANDUM

From: _____
To: COMFLEACT Code 004

Subj: HAZARDOUS MATERIAL PROCUREMENT REQUEST

Ref: (a) OPNAVINST 5100.23 Series
(b) COMFLEACTINST 5100.5 Series

1. Per references (a) and (b), the below procurement request is forwarded for your review.

HAZARDOUS MATERIAL AUTHORIZATION

Section 1: User/Requester Information			
Command:	Code:		Date:
POC:	Phone No.		E-mail:
Location of use (Bldg. No. & Floor):		Shop/Code using:	
Section 2: Material Information			
New Material [ ] Replacement Material [ ]	Add to AUL [ ] One Time Use [ ]		English MSDS attached [ ]
Name:	Stock No.		MILSPEC:
What material are you replacing	Name:	Stock No.	
Non-Standard/Local Purchase Yes [ ] No [ ]	Justification/documentation attached [ ]		No standard stock material identified/available [ ]
Material will be used for:			
Frequency of use: Daily [ ] Weekly [ ] Semimonthly [ ] Monthly [ ] Quarterly [ ] Semiannually [ ] Annually [ ] Other:			
Amount/quantity used per frequency/application: Pint [ ] Quart [ ] Gallon [ ] Tube [ ] Drum [ ] Kit [ ] Pounds [ ] Other:			
Annual usage:	Amount requested:	Current amount on hand:	Stock level: Max: Min:
Section 3: Review and Approval			
HAZMIN Center	Material locally supported in stock system: Yes [ ] No [ ]	Equivalent standard stock material available for non-standard material: Yes [ ] No [ ] Name: Stock No.	
Activity's HAZMAT/Safety Representative: Reviewed [ ] Signature: Date:		CO, OIC, Department/Division Head: Approved [ ] Disapproved [ ] Signature: Date:	
Industrial Hygienist: Approval [ ] Disapproved [ ] Signature: Date: Material Classification: Extremely Hazardous Substance [ ] Hazardous Substance [ ] Toxic [ ] Non-hazardous [ ] Other:			
Environmental: Approved [ ] Disapproved [ ] Signature: Date:		Safety Office: Approved [ ] Disapproved [ ] Signature: Date:	

CFAY 5100/17 (Rev. 12-02)

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